

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WFP NATIONAL PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00606962		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee <b>Community Labor Administrative Services Inc</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 14 / 2022</b>		
Mailing Address <b>77 Sands Street</b> <b>#6</b>			Amount <b>204400.00</b>		
City <b>Brooklyn</b>		State <b>NY</b>	Zip Code <b>11201</b>		Transaction ID : <b>WFT20221015201-1</b>
Purpose of Expenditure Estimate for <b>Texting</b>		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 14 / 2022</b>		
Name of Federal Candidate <b>Warnock, Rafael, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>Base Builder</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 14 / 2022</b>		
Mailing Address <b>3126 OAKLAND AVE S</b>			Amount <b>50000.00</b>		
City <b>Minneapolis</b>		State <b>MN</b>	Zip Code <b>55407</b>		Transaction ID : <b>WFT20221015209-1</b>
Purpose of Expenditure Estimate for <b>Door to Door Canvassing</b>		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 14 / 2022</b>		
Name of Federal Candidate <b>Warnock, Raphael, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>254400.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶			<b>254400.00</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Boland, Michael, , ,</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y <b>11 / 15 / 2022</b>	